MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05361

Reg. Dist. No. 262

1. PLACE OF DEATH
COUNTY: St. Marys — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakley
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakley
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) – (Last) Auker

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3/25/1884

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Elias Bauman

14. MOTHER'S MAIDEN NAME: Magdalene Reist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Harry A. Stauffer - Oakley, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, uterus, with metastasis

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan., 1953, to 21 May., 1953, that I last saw the deceased alive on 20 May, 1953, and that death occurred at 3 Am. m., from the causes and on the date stated above.

SIGNATURE: Joseph E. Gill, M.D. (Degree or title) ADDRESS: Leonardtown, Md. DATE SIGNED: 23 May 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/25/53 — NAME OF CEMETERY OR CREMATORY: Stauffer Menonite Cem. — LOCATION (City, town, or county) (State): Loveville, Md.

DATE REC'D BY LOCAL REG.: 5/23/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
MAY 28 1953
BUREAU V. S.

05362

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY: St. Mary's County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: St.Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood — LENGTH OF STAY (in this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Marie	(Middle) Louise	(Last) BANKINS	4. DATE OF DEATH	(Month) May	(Day) 1st,	(Year) 1953
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 30 Sept.1879	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: George Jordan	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Jeremiah A. Mason, Compton, Maryland.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Cardiac decompensation.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 April 1953, to 1 May, 1953, that I last saw the deceased alive on 29 Apr., 1953, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph E. Gill, M.D.		Leonardtown Md.	1 May 1953.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 5 May, 1953	NAME OF CEMETERY OR CREMATORY: St. George's Cemetery	LOCATION (City, town, or county) (State): Valley Lee, Maryland
DATE REC'D BY LOCAL REG. 5-4-53	REGISTRAR'S SIGNATURE: Camalier	24. FUNERAL DIRECTOR ADDRESS: P.B.Robinson, Leonardtown, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A13

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05363

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarks Landing
STREET ADDRESS (If rural, give location) R.F.D.# Holly Wood

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) L (Last) Brooks

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 16 1893
9. AGE last birthday 59 yrs. If under 1 year Months 7 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leading Engineman
10b. KIND OF BUSINESS OR INDUSTRY Civil Service
11. BIRTHPLACE (State or foreign country) Fortville New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Brooks
14. MOTHER'S MAIDEN NAME Cora Alice Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) Mrs Wars 1+2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ave Marion Carr Brooks

18. MEDICAL CERTIFICATION Prov 52 Lexington Park

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 5/5, 1953, to 5/9, 1953, that I last saw the deceased alive on 5/9, 1953, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Lexington Park Md DATE SIGNED 5/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13, 1953
NAME OF CEMETERY OR CREMATORY Chestnut Hill
LOCATION (City, town, or county) Fortville (State) N.Y.

DATE REC'D BY LOCAL REG. 5/10/53
REGISTRAR'S SIGNATURE F. A. Camalier D.M.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1953
BUREAU V. S.

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05364

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) Susie (Last) Butler
4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953
5. SEX F
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 20 1885
9. AGE last birthday 68 yrs. If under 1 year Months 8 Days 16 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Mary's Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Aaron Carter
14. MOTHER'S MAIDEN NAME Dolly Robinson ~~Unknown~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mary Butler Carroll Beachville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
434.1 Immediate cause	(a) Congestive Heart Failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchitis	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1953 to 5-7, 1953 that I last saw the deceased alive on 5-1-, 1953, and that death occurred at 11.00 A.m., from the causes and on the date stated above.

SIGNATURE Wm H. Patrick MD (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 5-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 9 1953
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) St Thomas (State) Md

DATE REC'D BY LOCAL REG. 5/8/53
REGISTRAR'S SIGNATURE F. G. Camalier MD
24. FUNERAL DIRECTOR Jos. C. Mattingly ADDRESS Leonardtown, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05365

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 8 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Coates
4. DATE OF DEATH: (Month) (Day) (Year) May 28 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant
8. DATE OF BIRTH: May 27-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Milvin Coates
14. MOTHER'S MAIDEN NAME: Pauline Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James Milvin Coates Michaelsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.5

Immediate cause (a) Pre-nature separation of placenta

DUE TO age of pregnancy about 5-6 mos..

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Vag. bleeding

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1953 to 5-28, 1953, that I last saw the deceased alive on 5-27-53, 19....., and that death occurred at 7:00 a.m., from the causes and on the date stated above.
SIGNATURE Velsen Geronimo (Degree or title) M.D. ADDRESS Leonardtown Md DATE SIGNED 5-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) St Joseph
DATE THEREOF 5-28-53
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Moyanzas St Mary's Md

DATE REC'D BY LOCAL REGISTRAR 5/28/53
REGISTRAR'S SIGNATURE Carmalen
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

2053321220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6A

1. PLACE OF DEATH: COUNTY: St. Marys — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, USNAS Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Mass. — COUNTY: Norfolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Attleboro
STREET ADDRESS (If rural, give location): 16 Bellmore St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) ---- (Last) Fernandes
4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 10/23/31
9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph J. Fernandes
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825X **Immediate cause** (a) Fractured cervical spine — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway 245 (CITY OR TOWN) Valley Lee (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 1 (Year) '53 (Hour) 5 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Lexington Park Md DATE SIGNED: 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 5/2/53
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Attleboro, Mass.

DATE REC'D BY LOCAL REG. 5-1-53
REGISTRAR'S SIGNATURE: Camalier
24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
MAY 6 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, USNAS Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warminster
STREET ADDRESS (If rural, give location): Memorial Street

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) -- - (Last) Krause
4. DATE OF DEATH: (Month) 5/ (Day) 1 / (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 9/29/26
9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Fred Krause
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound fracture of skull — Interval between onset and death: instant

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of both bones of both legs — instant

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway 245 — (CITY OR TOWN) Valley Lee — (COUNTY) St. Marys — (STATE) Md
TIME OF INJURY (Month) 5 (Day) 1 (Year) 53 (Hour) 4 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: Lexington Park Md — DATE SIGNED: 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): TRANSPORTATION — DATE THEREOF: 5-2-53 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): HATBORO, PENN.

DATE REC'D BY LOCAL REG.: 5-2-53 — REGISTRAR'S SIGNATURE: Canalier — 24. FUNERAL DIRECTOR: E.B. Robinson - Leonardtown — ADDRESS: md

B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05368

CERTIFICATE OF DEATH

Reg. Dist. No. 2-56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermy Rural | LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY St. M...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Geo (Middle) Thomas (Last) Mattingly

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 10-2-1867 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming | 10b. KIND OF BUSINESS OR INDUSTRY: farm owner | 11. BIRTHPLACE (State or foreign country): Leonardtown md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Henry Mattingly | 14. MOTHER'S MAIDEN NAME: Sophia Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT: Geo Henry Mattingly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 x

Immediate cause (a) Cerebral apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute phlebitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-53, to 5-20-53, that I last saw the deceased alive on 5-19-53 and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Palmer | ADDRESS avenue | DATE SIGNED 5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-23-53 | NAME OF CEMETERY OR CREMATORY St. Aloysius | LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REG. 5-21-53 | REGISTRAR'S SIGNATURE R.V. Palmer | 24. FUNERAL DIRECTOR Joseph C. Mattingly Leonardtown | ADDRESS

RECEIVED
MAY 25 1957
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood; LENGTH OF STAY (In this place) Maryland; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Mary (Last) McEdginski

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 26 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months 6, Days 23; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: William McEdginski Hollywood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) —

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to May 15, 1953, that I last saw the deceased alive on April 15, 1953 and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS Leonardtown DATE SIGNED 5/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 20 1953 — NAME OF CEMETERY OR CREMATORY: St Johns — LOCATION (City, town, or county) [illegible] (State) Md

DATE REC'D BY LOCAL REG. 5/19/53 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: Jos C. Mattingley Funeral Home ADDRESS Md

MAY 21 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05370

CERTIFICATE OF DEATH

Reg. Dist. No. 602

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Milburn

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer Work by the day
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Milburn
14. MOTHER'S MAIDEN NAME: Martha Smallwood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Charles Milburn Beachville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Sensitized arteriosclerosis — 10 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ None
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from dead when first seen, 19 ..., to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Wrington Park Md DATE SIGNED 5/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 23-53
NAME OF CEMETERY OR CREMATORY St Peters Clavery
LOCATION (City, town, or county) Ridge St Marys (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/21/53
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cornelius (Middle) Theodore (Last) Morgan

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 18-1874

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days 19 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Morgan

14. MOTHER'S MAIDEN NAME: Lydia Jane Beadle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Carroll Richard Morgan Mechanicsville Md R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval between onset and death: 2 d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral vascular hemorrhage — 9 d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 April, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Luther, M.D. ADDRESS Mechanicsville Md DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 4-53 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Mayfanga (State) Maryland

DATE REC'D BY LOCAL REG. 5/5/53 | REGISTRAR'S SIGNATURE H. A. Camalier M.D. | 24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown, Md.

RECEIVED
MAY 6 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: ST. MARYS — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camp Springs
STREET ADDRESS (If rural, give location): 6801 - Allentown Rd. S.E.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Wayne	Randolf	Pyles		5-	24-	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
m	w	single	4-10-1936	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herbert W. Pyles	Editha B. Peater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	James W. Pyles - S.E. 4834 - St. Bonofas, Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 **Immediate cause** (a) Asphyxia due to Drowning (Drowning)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: instant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Patuxent River	Hallywood	St Mary	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
5	24	53	3:10 p.m.			Drowning - Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Leonardtown Md	5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-27-53	Cedar Hill Cem.	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/25/53	Camalier	Simmons Bros. -	2007 - Nichols Ave. S.E. Wash. D.C.

VS. 15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Clements Shores — LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Clements Shores
STREET ADDRESS (If rural, give location): R. F. D. # 2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A (Last) Roberts
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 9-1871
9. AGE last birthday: 81 yrs. — If under 1 year: Months 8, Days 30 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owne farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: W. W. Roberts
14. MOTHER'S MAIDEN NAME: Narcissus Orr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Rose M. DeVeaver, Leonardtown Md R.F.D. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to May 8, 1953, that I last saw the deceased alive on Mar 15, 1953 and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Roy Leyther, M.D. — ADDRESS: Mechanicsville — DATE SIGNED: 5/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 11-1953 — NAME OF CEMETERY OR CREMATORY: St Paul — LOCATION (City, town, or county) (State): Leonardtown Maryland

DATE REC'D BY LOCAL REG.: 5/10/53 — REGISTRAR'S SIGNATURE: F. A. Camalier M.D. — 24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 1953
BUREAU V. S.

Items 18-21-22 Film G154 5-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05374

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge | LENGTH OF STAY (in this place) 17 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS St Jerome neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Waders	Lee	Tarlton	May	12	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Divorced	Aug 28 1901	51 yrs.	9	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician		N. C. Wayne	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus Tarlton	Addie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
yes	World war #1	216-18-5910	Paul Tarlton Ridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	
929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asphyxia due to drowning	
	(c) Alcoholic intoxication	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Chesapeake Bay	(CITY OR TOWN) off St. Jeromes Neck	(COUNTY) St Marys	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 12 1953 2:00 p.m.	INJURY OCCURRED While at work ☑ Not while at work ☐	HOW DID INJURY OCCUR? St Jerome Neck		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A Davis	MD	Leonardtown Md	5/12/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 18 53	Arlington National Cemetery	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/53		Jos C Martinelli	Leonardtown Maryland

VS. 15A

716-11-5910

RECEIVED
MAY 19 1953
BUREAU V. S

05375

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Col. COUNTY D.C. X 48
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)	STREET ADDRESS (If rural, give location) 1930 Pennsylvania Avenue, N.W.

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Oscar	(Last) Thomason	4. DATE OF DEATH	(Month) May	(Day) 16	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 26 July, 1874	9. AGE last birthday 78 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service Emp. (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Fed. Gov't.	11. BIRTHPLACE (State or foreign country) Monticello, Georgia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME M. E. Parker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Malinda E. Eberts, 162 West 54th, NYC 19, NY					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X

Immediate cause (a) Primary cardiac arrest — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, prostate with metastasis — 5 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Apr., 1953, to 16 May, 1953, that I last saw the deceased alive on 8 May, 1953, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Gill, M.D. — ADDRESS Leonardtown, Md — DATE SIGNED 16 May 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/18/53	NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery	LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REG. 5/17/53	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR P.B.Robinson, Leonardtown, Maryland.	ADDRESS

2.

VS. A16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1953
BUREAU V. E.